

## FACE SHEET - PAGE ONE

**Please note:** Questions 1–4 will auto-fill for Grants.gov applicants and are not required for paper applicants.

### 5. Applicant Information

a. Legal Name: \_\_\_\_\_

b. Address:

Street1: \_\_\_\_\_

Street2: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Province: N/A

Country: \_\_\_\_\_

Zip+4/Postal Code: \_\_\_\_\_

c. Web Address: http://\_\_\_\_\_

d. Type of Applicant (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> State Government   | <input type="checkbox"/> Nonprofit with 501(c)3 IRS Status (Other than Institution of Higher Education)    |
| <input type="checkbox"/> County Government  | <input type="checkbox"/> Nonprofit without 501(c)3 IRS Status (Other than Institution of Higher Education) |
| <input type="checkbox"/> City or Township Government  | <input type="checkbox"/> Private Institution of Higher Education   |
| <input type="checkbox"/> Special District Government  | <input type="checkbox"/> Individual  |
| <input type="checkbox"/> Regional Organization  | <input type="checkbox"/> For-Profit Organization (Other than Small Business)                               |
| <input type="checkbox"/> U.S. Territory or Possession   | <input type="checkbox"/> Small Business  |
| <input type="checkbox"/> Independent School District  | <input type="checkbox"/> Hispanic-serving Institution  |
| <input type="checkbox"/> Public/State-Controlled Institution of Higher Education                    | <input type="checkbox"/> Historically Black Colleges and Universities (HBCUs)                              |
| <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)            | <input type="checkbox"/> Tribally Controlled Colleges and Universities (TCCUs)                             |
| <input type="checkbox"/> Indian/Native American Tribal Government (Other than Federally Recognized) | <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions                            |
| <input type="checkbox"/> Indian/Native American Tribally Designated Organization                    | <input type="checkbox"/> Nondomestic (non-U.S.) Entity   |
| <input type="checkbox"/> Public/Indian Housing Authority  | <input type="checkbox"/> Other (specify) _____   |

e. Employer/Taxpayer Number (EIN/TIN): \_\_\_\_\_

f. Organizational DUNS: \_\_\_\_\_

### 6. Project Information

a. Project Title: \_\_\_\_\_

b. Project Description:
-------------------------

c. Proposed Project Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

### 7. Project Director

a. Social Security Number: N/A

b. Prefix: \_\_\_\_\_ c. First Name: \_\_\_\_\_

d. Middle Name: \_\_\_\_\_

e. Last Name: \_\_\_\_\_

f. Suffix: \_\_\_\_\_

g. Title: \_\_\_\_\_

h. E-mail: \_\_\_\_\_

i. Telephone Number: \_\_\_\_\_

j. Fax Number: \_\_\_\_\_

## FACE SHEET - PAGE TWO

### 7. Project Director (continued)

#### k. Address

Street1: \_\_\_\_\_

Street2: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Province: N/A

Country: \_\_\_\_\_

Zip+4/Postal Code: \_\_\_\_\_

### 8. Primary Contact/Grants Administrator

☐ Same as Project Director (skip to next item)

a. Social Security Number: N/A

b. Prefix: \_\_\_\_\_ c. First Name: \_\_\_\_\_

d. Middle Name: \_\_\_\_\_

e. Last Name: \_\_\_\_\_

f. Suffix: \_\_\_\_\_

g. Title: \_\_\_\_\_

h. E-mail: \_\_\_\_\_

i. Telephone Number: \_\_\_\_\_

j. Fax Number: \_\_\_\_\_

#### k. Address

Street1: \_\_\_\_\_

Street2: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Province: N/A

Country: \_\_\_\_\_

Zip+4/Postal Code: \_\_\_\_\_

### 9. Authorized Representative

\*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001).

\*\*The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

a. ☐ \*I Agree

b. Prefix: \_\_\_\_\_ c. First Name: \_\_\_\_\_

d. Middle Name: \_\_\_\_\_

e. Last Name: \_\_\_\_\_

f. Suffix: \_\_\_\_\_

g. Title: \_\_\_\_\_

h. E-mail: \_\_\_\_\_

i. Telephone Number: \_\_\_\_\_

j. Fax Number: \_\_\_\_\_

k. Signature of Authorized Representative: \_\_\_\_\_

l. Date Signed: \_\_\_\_\_

# PROGRAM INFORMATION SHEET - PAGE ONE

## 1. Applicant Information

a. Legal Name (5a from Face Sheet): \_\_\_\_\_

b. Organizational Unit (if different from Legal Name): \_\_\_\_\_

c. Organizational Unit Address

Street1: \_\_\_\_\_ Street2: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip+4/Postal Code: \_\_\_\_\_

d. Web Address: http://\_\_\_\_\_

e. Type of Institution (check one):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic Library                                   | <input type="checkbox"/> Library Association                                | <input type="checkbox"/> School Library, or School District applying on behalf of a School Library or Libraries |
| <input type="checkbox"/> Aquarium   | <input type="checkbox"/> Library Consortium                                 | <input type="checkbox"/> Science/Technology Museum  |
| <input type="checkbox"/> Arboretum/Botanical garden                         | <input type="checkbox"/> Museum Library                                     | <input type="checkbox"/> Special Library  |
| <input type="checkbox"/> Art Museum   | <input type="checkbox"/> Museum Services Organization/ Association          | <input type="checkbox"/> Specialized Museum**   |
| <input type="checkbox"/> Children's/Youth Museum                            | <input type="checkbox"/> Native American Tribe/Native Hawaiian Organization | <input type="checkbox"/> State Library  |
| <input type="checkbox"/> Community College                                  | <input type="checkbox"/> Natural History /Anthropology Museum               | <input type="checkbox"/> State Museum Agency  |
| <input type="checkbox"/> Four-year College                                  | <input type="checkbox"/> Nature Center                                      | <input type="checkbox"/> State Museum Library   |
| <input type="checkbox"/> General Museum*                                    | <input type="checkbox"/> Planetarium  | <input type="checkbox"/> Zoo  |
| <input type="checkbox"/> Graduate School of Library and Information Science | <input type="checkbox"/> Public Library                                     | <input type="checkbox"/> Institution of higher education other than listed above                                |
| <input type="checkbox"/> Historic House/Site                                | <input type="checkbox"/> Research Library/Archives                          | <input type="checkbox"/> Other, please specify: _____   |
| <input type="checkbox"/> Historically Black College or University           |   |   |
| <input type="checkbox"/> History Museum                                     |   |   |

\*A museum with collections representing two or more disciplines equally (e.g., art and history)

\*\*A museum with collections limited to one narrowly defined discipline (e.g., textiles, stamps, maritime, ethnic group)

## 2. Grant Program or Grant Program Category

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>a. 21st Century Museum Professionals</b>         | <input type="checkbox"/> <b>d. Museum Grants for African American History and Culture</b> | <input type="checkbox"/> <b>g. Native American Library Services</b>                                    |
| <input type="checkbox"/> <b>b. Conservation Project Support</b>              | <input type="checkbox"/> <b>e. Museums for America</b>                                    | <input type="checkbox"/> Basic Grant only  |
| <input type="checkbox"/> General Conservation Survey                         | <input type="checkbox"/> Sustaining Cultural Heritage                                     | <input type="checkbox"/> Basic Grant with Education/ Assessment Option                                 |
| <input type="checkbox"/> Detailed Conservation Survey                        | <input type="checkbox"/> Supporting Lifelong Learning                                     | <input type="checkbox"/> Enhancement Grant   |
| <input type="checkbox"/> Environmental Survey                                | <input type="checkbox"/> Serving as Centers of Community Engagement                       | <input type="checkbox"/> Native Hawaiian Library Services  |
| <input type="checkbox"/> Environmental Improvements                          | <input type="checkbox"/> <b>f. National Leadership Grants</b>                             | <input type="checkbox"/> <b>h. Native American/Native Hawaiian Museum Services</b>                     |
| <input type="checkbox"/> Treatment   | Select Museum or Library:   | <input type="checkbox"/> Programming   |
| <input type="checkbox"/> Research  | <input type="checkbox"/> Museum   | <input type="checkbox"/> Professional Development  |
| <input type="checkbox"/> Training  | <input type="checkbox"/> Library  | <input type="checkbox"/> Enhancement of Museum Services  |
| <input type="checkbox"/> Impact Project                                      | Select Grant Category:  | <input type="checkbox"/> <b>i. Partnership for a Nation of Learners Community Collaboration Grants</b> |
| <input type="checkbox"/> <b>c. Laura Bush 21st Century Librarian Program</b> | <input type="checkbox"/> Advancing Learning Communities                                   |  |
| <input type="checkbox"/> Master's-level Programs                             | <input type="checkbox"/> Building Digital Resources                                       |  |
| <input type="checkbox"/> Doctoral-level Programs                             | Research and Demonstration:   |  |
| <input type="checkbox"/> Pre-professional Programs                           | <input type="checkbox"/> Research   |  |
| <input type="checkbox"/> Research (early career development)                 | <input type="checkbox"/> Demonstration  |  |
| <input type="checkbox"/> Research (other than early career development)      |   |  |
| <input type="checkbox"/> Continuing Education                                |   |  |
| <input type="checkbox"/> Programs to Build Institutional Capacity            |   |  |

## PROGRAM INFORMATION SHEET - PAGE TWO

### 3. Request Information

a. IMLS funds requested: \_\_\_\_\_ b. Cost share amount: \_\_\_\_\_

### 4. Museum Profile (Museum Applicants only)

a. Is the institution either a unit of state or local government or a private not-for-profit organization that has tax-exempt status under the Internal Revenue Code and that is organized on a permanent basis for essentially educational or aesthetic purposes? ☐ Yes ☐ No

b. Does the institution own or use tangible objects, whether animate or inanimate? ☐ Yes ☐ No

c. Does the institution care for tangible objects, whether animate or inanimate? ☐ Yes ☐ No

d. Are these objects exhibited by the institution to the general public on a regular basis through facilities the institution owns or operates? ☐ Yes ☐ No

e. Is the institution open and exhibiting tangible objects to the general public at least 120 days a year through facilities the institution owns or operates? ☐ Yes ☐ No

Institution's attendance for the 12-month period prior to the application: Onsite: \_\_\_\_\_ Offsite: \_\_\_\_\_

Year the institution was first open and exhibiting to the public: \_\_\_\_\_

Total number of days the institution was open to the public for the 12-month period prior to application: \_\_\_\_\_

f. Does the institution employ at least one professional staff member, or the full-time equivalent, whether paid or unpaid, who is primarily engaged in the acquisition, care, or exhibition to the public of tangible objects owned or used by the institution? ☐ Yes ☐ No

Number of full-time paid institution staff: \_\_\_\_\_ Number of full-time unpaid institution staff: \_\_\_\_\_

Number of part-time paid institution staff: \_\_\_\_\_ Number of part-time unpaid institution staff: \_\_\_\_\_

g.

Fiscal year	Revenue/ Support income	Expenses/ Outlays	Budget deficit (if applicable)*	Budget surplus (if applicable)*
Most recently completed FY _____				
Second most recently completed FY _____				

\*If Institution has a budget deficit or surplus for either of the two most recently completed fiscal years, please explain the circumstances of this deficit or surplus in the Text Responses section of the application.

### 5. Public Broadcasting Licensee Information (Partnership for a Nation of Learners Grants only)

a. Nonfederal financial support (NFFS) for the most recently completed fiscal year: \$ \_\_\_\_\_ .00

b. CPB CSG ID# \_\_\_\_\_

### 6. Native Hawaiian Organization Eligibility (Native American/Native Hawaiian Programs only)

Is the institution an eligible not-for-profit organization that primarily serves and represents Native Hawaiians (as defined in Title 20 U.S.C. Section 7517; if yes, see Proof of Eligibility requirements)? ☐ Yes ☐ No

## PROGRAM INFORMATION SHEET - PAGE THREE

### 7. Institutional Profile (Native American Library Services Grants only)

- a. Number of hours per week the library collection is accessible to patrons: \_\_\_\_\_
- b. Number of staff dedicated full-time to library operations: \_\_\_\_\_
- c. Number of staff with part-time library duties: \_\_\_\_\_
- d. Number of holdings (books, journals, media): \_\_\_\_\_
- e. Number of circulation transactions per year: \_\_\_\_\_
- f. Does library staff have access to the Internet? ☐ Yes ☐ No
- g. Does the library provide public access to the Internet? ☐ Yes ☐ No
- h. Amount of operating budget for library services in most recently completed fiscal year: \$ \_\_\_\_\_
- i. Identify which of the following activities will be supported by grant funds (check all that apply):
- ☐ Expand services for learning and access to information and educational resources.
  - ☐ Develop library services that provide all users with access to information.
  - ☐ Provide electronic and other linkages between and among all types of libraries.
  - ☐ Develop public and private partnerships with other agencies and community-based organizations.
  - ☐ Target library services to help increase the access and the ability to use information resources for individuals of diverse backgrounds, with disabilities, or with limited functional literacy or information skills.
  - ☐ Target library and information services to help increase the access and the ability to use information resources for persons having difficulty using a library, and for underserved urban and rural communities.
- j. Maintenance of Effort (check the appropriate response):
- ☐ FY 2007 expenditures will equal or exceed previous 12 month grant period. Maintenance of effort is assured.
  - ☐ FY 2007 expenditures will not equal or exceed previous 12 month expenditure. Maintenance of effort is not assured.
  - ☐ Maintenance of effort does not apply.

### 8. Collection and Material Information (Conservation Project Support Grants only)

a. Type of Collection

- ☐ Nonliving ☐ Natural History/Anthropology
- ☐ Animals, living ☐ Plants, living

b. Types of Materials. Use a scale from 1 (primarily affected) to 4 (minimally affected) to show which collection types are primarily affected by the project:

- |  |  |   |
|--|--|---|
| ___ aeronautics, space/airplanes         | ___ horological (clocks)                     | ___ photography, negatives              |
| ___ animals, live                        | ___ landscape features, constructed          | ___ photography, prints                 |
| ___ animals, preserved                   | ___ machinery                                | ___ physical science projects           |
| ___ anthropologic, ethnographic          | ___ maritime, historic ships                 | ___ plants, live                        |
| ___ archaeological                       | ___ medals                                   | ___ plants, preserved                   |
| ___ books                                | ___ medical, dental, health, pharmacological | ___ sculpture, indoor                   |
| ___ ceramics, glass, metals, plastics    | ___ military, including weapons              | ___ sculpture, outdoor                  |
| ___ documents, manuscripts               | ___ motion picture, audiovisual              | ___ textiles and costumes               |
| ___ furniture/wooden objects             | ___ musical instruments                      | ___ tools                               |
| ___ geological, mineral, paleontological | ___ numismatics (money)                      | ___ toys and dolls                      |
| ___ historic buildings                   | ___ paintings                                | ___ transportation, excluding airplanes |
| ___ historic sites                       | ___ philatelic (stamps)                      | ___ works of art on paper               |

a. Legal Name (5a from Face Sheet): \_\_\_\_\_

b. Requested Grant Period From: \_\_\_\_\_ Requested Grant Period Through: \_\_\_\_\_

c. If this is a revised budget, indicate application/grant number: \_\_\_\_\_

a. Year: 1 ☐ 2 ☐ 3 ☐ 4 ☐    b. Budget Detail for the Period From: \_\_\_\_\_    c. Through: \_\_\_\_\_

Name/Title of Position	No.	Method of Cost Computation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS					

Rate		\$ Salary Base	\$ Grant Funds	\$ Cost Sharing	\$ Total
	% of				
	% of				
	% of				
SUBTOTALS					

Name or Type of Consultant	No. of days	Daily Rate of Compensation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS					

## 4. Travel

## 5. Supplies and Materials

## 6. Services

OMB Number: 3137-0029, Expiration Date: 01/31/2007; OMB Number: 3137-0049, Expiration Date: 01/31/2007

## BUDGET FORM - PAGE THREE

### 7. Student Support (Laura Bush 21st Century Librarians Program only)

Item	Basis/Method of Cost Computation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS				

### 8. Other Costs

Item	Basis/Method of Cost Computation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS				

### 9. Total Direct Costs

	\$ Grant Funds	\$ Cost Sharing	\$ Total
TOTALS (Add subtotals of items 1 to 8)			

### 10. Indirect Costs

Read the instructions about Indirect Costs before completing this section. Check the appropriate box below and provide the information requested.

- ☐ Current indirect cost rate(s) have been negotiated with a federal agency (for item A, indicate the name of the agency and date of agreement expiration; complete item B).
- ☐ Indirect cost proposal has been submitted to a federal agency but not yet negotiated (for item A, indicate the name of the agency and date of proposal; complete item B).
- ☐ Applicant chooses a rate not to exceed 15% of direct costs (complete item B).
- ☐ Applicant is a State Library Administrative Agency and will charge an administrative fee of 4% of total costs (complete item B).

**Item A:** Name of federal agency: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Proposal Date: \_\_\_\_\_

Item B:	Rate		\$ Base	\$ Grant Funds	\$ Cost Sharing	\$ Total
		% of				
		% of				
		% of				
SUBTOTALS						

### 11. Total Project Costs

	\$ Grant Funds	\$ Cost Sharing	\$ Total
PROJECT COST TOTALS (Direct and Indirect for Budget Period)			
PROJECT COST TOTALS (Excluding Student Support)			



## BUDGET FORM - PAGE FOUR

### Section B: Summary Budget

	\$ IMLS	\$ Cost Share	\$ TOTAL COSTS
1. Salaries and Wages			
2. Fringe Benefits			
3. Consultant Fees			
4. Travel			
5. Supplies and Materials			
6. Services			
7. Student Support			
8. Other Costs			
TOTAL DIRECT COSTS (1–8)			
9. Indirect Costs			
TOTAL COSTS (Direct and Indirect)			

### Project Funding for the Entire Grant Period

1. Grant Funds Requested from IMLS	
2. Cost Sharing:	
a. Cash Contribution	
b. In-Kind Contribution	
c. Other Federal Agencies*	
d. TOTAL COST SHARING	
3. TOTAL PROJECT FUNDING (1+2d)	
% of Total Costs Requested from IMLS	

\* If funding has been requested from another federal agency, indicate the agency's name:

# SPECIFICATIONS FOR PROJECTS THAT DEVELOP DIGITAL PRODUCTS

## Part I. Complete the appropriate section(s):

### A. Converting Non-Digital Material to Digital Format

A1. Describe types and original formats of materials to be selected for digitization and quantity of each.

A2. Identify copyright issues and other potential restrictions with regard to the original non-digital material.

☐ Public domain: \_\_\_\_\_ % of total

☐ Privacy concerns: \_\_\_\_\_ % of total. Plan to address:

☐ Permissions have been obtained: \_\_\_\_\_ % of total

☐ Permissions to be requested: \_\_\_\_\_ % of total.  
Plan to address:

☐ Other: \_\_\_\_\_ % of total. Explain:

A3. Describe how the newly digitized material will be made available to the public. Explain the terms of access and conditions of use. Identify and explain any restrictions that will apply to digitized material, and specify what percentage if any of the total material will be subject to restrictions.

A4. List the equipment and software, with specifications, whether purchased, leased or outsourced, that will be used (e.g., camera, scanner, server, A/D audio or video converter).

### B. Repurposing Existing Digital Content

B1. Describe types and original formats of digital materials to be selected for repurposing and quantity of each.

B2. Identify copyright issues and other potential restrictions with regard to the original digital material.

☐ Public domain: \_\_\_\_\_ % of total

☐ Privacy concerns: \_\_\_\_\_ % of total. Plan to address:

☐ Permissions have been obtained: \_\_\_\_\_ % of total

☐ Permissions to be requested: \_\_\_\_\_ % of total.  
Plan to address:

☐ Other: \_\_\_\_\_ % of total. Explain:

B3. Describe how the repurposed material will be made available to the public. Explain the terms of access and conditions of use. Identify and explain any restrictions that will apply to repurposed material, and specify what percentage if any of the total material will be subject to restrictions.

B4. List the equipment and software, with specifications, whether purchased, leased or outsourced, that will be used (e.g. MPEG encoder, non-linear editing system, GIS software).

### **C. Creating New Digital Content**

C1. Describe types of materials to be created in digital form and quantity of each.

C2. Describe plan to obtain releases/permissions from project content creators and subjects.

C3. Describe disposition of ownership and use rights of new product. Describe how the new product will be made available to the public. Explain the terms of access and conditions of use. Identify and explain any restrictions that will apply to new content, and specify what percentage if any of the total material will be subject to restrictions.

C4. List the equipment and software, with specifications, whether purchased, leased or outsourced, that will be used (e.g., camera, audio recording equipment, video recording equipment, encoding software, server).

### **Part II. Answer all questions:**

5. Specify each type of file format (e.g., TIFF, JPEG, MPEG) to be produced and anticipated quality (e.g. minimum resolution, depth, tone, pixel dimensions, file size, sampling rate) of each.

Master: \_\_\_\_\_

Access: \_\_\_\_\_

Thumbnail: \_\_\_\_\_

6. Describe the delivery medium that will be used (e.g. Internet, broadcast, DVD).

7. Describe the underlying software to manage and/or present the content (e.g. DSpace, Fedora, ContentDM).

8. Describe the quality control plan.

9. Explain how descriptive and administrative metadata will be produced and used to describe and manage the content. Include the standards that will be used for data structure, content (e.g. thesauri), protocols, preservation and administrative information and communication of the content (e.g., MARC, EAD, Dublin Core, PBCore, VRA Core Categories, or Categories for the Description of Works of Art).

10. Describe plans for preservation and maintenance of the digital files during and after the expiration of the grant period (i.e., storage systems, migration plans and commitment of institutional funding).

11. If content will be provided on the Internet, indicate agreement to submit collection level records for digital products to the IMLS Digital Collections Registry. State reasons for selecting alternative approaches.

12. Provide URL(s) for applicant's previous digital products, if applicable.

## PARTNERSHIP STATEMENT

Complete one of these forms for each formal partner.

Legal name of applicant organization (5a from Face Sheet): \_\_\_\_\_

1. Legal name of partner organization: \_\_\_\_\_

2. Partner DUNS number: \_\_\_\_\_

3. Mailing address

Street1: \_\_\_\_\_ Street2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

4. Partner Web address: http:// \_\_\_\_\_

5. Partner project contact name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

6. Governing control of partner (choose one):

- |   |  |
|---|--|
| <input type="checkbox"/> State Government   | <input type="checkbox"/> Nonprofit with 501(c)3 IRS Status (Other than Institution of Higher Education)    |
| <input type="checkbox"/> County Government  | <input type="checkbox"/> Nonprofit without 501(c)3 IRS Status (Other than Institution of Higher Education) |
| <input type="checkbox"/> City or Township Government  | <input type="checkbox"/> Private Institution of Higher Education   |
| <input type="checkbox"/> Special District Government  | <input type="checkbox"/> Individual  |
| <input type="checkbox"/> Regional Organization  | <input type="checkbox"/> For-Profit Organization (Other than Small Business)                               |
| <input type="checkbox"/> U.S. Territory or Possession   | <input type="checkbox"/> Small Business  |
| <input type="checkbox"/> Independent School District  | <input type="checkbox"/> Hispanic-serving Institution  |
| <input type="checkbox"/> Public/State-Controlled Institution of Higher Education                    | <input type="checkbox"/> Historically Black Colleges and Universities (HBCUs)                              |
| <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)            | <input type="checkbox"/> Tribally Controlled Colleges and Universities (TCCUs)                             |
| <input type="checkbox"/> Indian/Native American Tribal Government (Other than Federally Recognized) | <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions                            |
| <input type="checkbox"/> Indian/Native American Tribally Designated Organization                    | <input type="checkbox"/> Nondomestic (non-U.S.) Entity   |
| <input type="checkbox"/> Public/Indian Housing Authority  | <input type="checkbox"/> Other (specify) _____   |

7. What is the partner organization's mission? [500 characters]

---

8. Describe the partner organization's service area (audience served, including size, demographic characteristics, and geographic area). [500 characters]

9. List the partner's key roles and responsibilities in the project. [1000 characters]

**Please note:**

- A. Submission of this application by the authorized representative of the applicant organization reflects the partner organization's agreement with the following statements:
- We will carry out the activities described above and in the application narrative.
  - We will use any federal funds we receive from the applicant organization in accordance with applicable federal laws and regulations as set forth in the program guidelines and the terms and conditions of the grant award.
  - We assure that our facilities and programs comply with the applicable federal requirements and laws as set forth in the program guidelines.
- B. Prior to submission of the application, the applicant will ensure that the partner organization has provided to the applicant a signed original of this Partnership Statement for the applicant's records. Such original will be made available to IMLS, if requested by IMLS.